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**APPLICATION FOR PARTICIPATION IN THE  
MICHIGAN 1122 FEDERAL PROCUREMENT PROGRAM**

Please complete the application and data sheet and return to the attention of:

**Claudia Allen, SPOC  
Department of Management and Budget  
Acquisition Services  
P.O. Box 30026  
Lansing, MI 48909**

This information is required so we may provide the appropriate justification to the Department of Defense that the equipment and/or supplies procured through this program are being used specifically for drug enforcement purposes.

- **How large is the population you serve?**

- **Describe the geographic area in your jurisdiction. Is it rural, urban, etc.?**

- **How many sworn, certified officers (part/full time) are in your organization? Does this number include your police chief and/or county sheriff?**

- **Do you participate/contribute to a drug task force? What is your participation/contribution? Describe your drug problem and your strategy in attacking the problem.**



# 1122 PROGRAM



- Provide a statement that your organization will ensure the capability to properly operate, maintain and secure the equipment and/or supplies procured.

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This application must be signed by the head of the requesting organization and may be cosigned by additional parties as deemed necessary. This individual will be responsible for notifying the State Point of Contact (SPOC) should there be a change in personnel responsible for the program.

Name	Date
Title	
Name	Date
Title	
Name	Date
Title	

Please note we will maintain this application in your organization's file so you will not be required to resubmit it for repeat purchases. A copy of the approved application will be returned. **THANK YOU!**

**To request approval to purchase specific items, please complete a "Procurement Request Form."**

SPOC APPROVAL	DATE



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**LAW ENFORCEMENT AGENCY  
DATA SHEET**

**\*Please type information**

**Date**

<b>LEA</b>	<b>Purchasing Contact</b>
<b>Address</b>	<b>City/State/Zip</b>
<b>Phone</b>	<b>Fax</b>
<b>E-Mail Address</b>	<b>Number of Sworn Officers</b>

<b>Authorized Personnel #1</b>	Must be Sworn Officer. Provided Rank & Name
<b>Authorized Personnel #2</b>	Must be Sworn Officer. Provided Rank & Name
<b>Authorized Personnel #3</b>	Must be Sworn Officer. Provided Rank & Name
<b>Authorized Personnel #4</b>	Must be Sworn Officer. Provided Rank & Name

<b>Head of Agency Signature</b>	Must be Sheriff/Chief
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<b>State Coordinator Signature</b>	
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NOTE: THIS FORM MUST BE COMPLETED ANNUALLY OR AS CHANGES OCCUR BY THE LEA AND SUBMITTED THROUGH THE STATE POINT OF CONTACT (SPOC).